

482-000-6 Nursing Facility Procedure Guide

Note: For purposes of this guide, the term plan is defined to mean the physical health plan only.

Overview

The following procedures apply when a managed care client is being admitted to a nursing facility. The plan will coordinate the admission and the determination of the level of care with the Department immediately following the determination that the client requires nursing facility level of care.

Note: Enrollment in the MH/SA plan continues until the client is waived from the NHC.

Admission to a nursing facility may affect the client's enrollment in Managed Care. The following rules apply:

1. When a managed care client is admitted to a nursing facility, the health plan shall determine the level of care the client requires - skilled/rehabilitative or custodial/maintenance - using Medicare's definition for skilled care.
When the level of care the client requires is skilled/rehabilitative, the client shall not be waived from managed care. The health plan shall be responsible for payment of the facility charges and services in the Basic Benefits Package while the client is receiving skilled level of care.
2. When the client is admitted to a nursing facility for custodial care or the level of care has changed from skilled to custodial, the Department shall assume financial responsibility for the facility charges. All services included in the Basic Benefits Package will be responsibility of the health plan until waiver of enrollment of the client from managed care.
3. Waiver of enrollment from managed care shall occur the first month possible, given system cutoff, or first of the month the Department and the health plan agree that the client's level of care is custodial, whichever is earlier.
4. When the client is admitted to a nursing facility for custodial care and the client's PCP does not see patients at the facility, the health plan shall work cooperatively with the client and the nursing facility to locate a PCP for the client. The health plan shall make arrangements to ensure reimbursement of PCP services provided by the client's nursing facility physician, for referrals, and for all services included in the Basic Benefits Package until the client is waived from NHC, or effective with the first of the month the Department and plan agree that the client's level of care is custodial, whichever is earlier.
5. Transportation Services are included in the nursing facility's per diem for most medical services.

6. Clients residing in a nursing facility in an assisted living situation, at a domiciliary or room and board rate, are not residents of the nursing facility. These clients receive room and board only. Clients receiving room and board services in a nursing facility shall not be waived from managed care enrollment unless the plan determines that a change in level of care to custodial is appropriate.

Skilled nursing services are those nursing facility services provided to eligible clients which are skilled/rehabilitative in nature as defined by Medicare and the nursing facility admission is expected to be short term. Custodial services are those nursing facility services as defined in 471 Nebraska Administrative Code (NAC) and the nursing facility admission is expected to be of long term or permanent duration.

Exclusion from managed care will occur the first day of the month following the change in the living arrangement code in the Nebraska Medicaid Eligibility System (N-FOCUS).

The health plan shall notify the Department of the admission/discharge, level of care and change in level of care on Form MS-23, Nebraska Health Connection (NHC) - Notification of Services Nursing/Facility/Transplant (see Attachment A). The Department will notify the DHHS Eligibility worker of the change the level of care so that a change in the living arrangement can be made in the eligibility system, if applicable. The nursing facility follows current process as defined in 471 NAC.

If a managed care client is admitted to the nursing facility, the nursing facility will notify the appropriate managed care plan.

Attachment A - Form MS-23, Nebraska Health Connection (NHC) - Notification of Services (Nursing-Facility/Transplant)

This form is used by the health plan to communicate to the Department a change in living arrangement to a Long-Term Care Nursing Facility. This could include an admission to a nursing facility for long-term care or a change from skilled care to custodial care. The form is completed as follows:

1. Complete the information related to person completing the form;
2. Complete the Client Information;
3. Check the appropriate box for Change in Living Arrangement (NF) and complete the appropriate sections;
4. Indicate the Level of Care change and date of change (if the client is admitted to the nursing facility for long-term care, indicate the date of admission); and
5. Route the form and related documentation to the Department via the Managed Care fax at 402-742-2337 or secure email to the Managed Care email address at DHHS.Medicaid.Managed.Care@nebraska.gov.



**Nebraska Health Connection (NHC)
 Notification of Services
 Nursing Facility/Transplant**

<input type="checkbox"/> HHS Medicaid Division - Fax Number (402) 742-2337		
Name of Person Completing Form		
Plan Name:	Telephone Number:	
Client Information		
Name	Medicaid ID Number	Date of Birth
Primary Care Physician		Telephone Number
HHS Worker Name		Telephone Number
Case Information /Case Changes		
<input type="checkbox"/> Change in Living Arrangement (NF) (If completed, Level of Care Change Section MUST be completed)		
Facility Name		Address
Date of Admission		
Contact Person		
Phone		
<input type="checkbox"/> Level of Care Change		
From Care Level	To Care Level	Effective Date of Change
<input type="checkbox"/> Transplant Evaluation		
Date of Prior Authorization Request	Date of Transplant	Date of Preparatory Treatment for Bone Marrow/Stem Cell Transplant
Facility Name/Address where transplant to be completed		
For Central Office Completion		
Attachments <input type="checkbox"/> Yes <input type="checkbox"/> No		
Verification Requested <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Status Change		
Status Change <input type="checkbox"/> Disenrolled <input type="checkbox"/> Other Specify		Effective Date of Change